

FORM

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Rev
12/05

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

1692322

Plugging Bond Surety

APPLICATION FOR PERMIT TO:

1. Drill, Deepen, Re-enter, **Recomplete and Operate**

2. TYPE OF WELL

- OIL GAS COALBED OTHER _____
 SINGLE ZONE MULTIPLE ZONE COMMINGLE ZONE

- Refiling
Sidetrack

3. Name of Operator: TOP OPERATING COMPANY 4. COGCC Operator Number: 39560
 5. Address: 10881 ASBURY AVE STE 230
 City: LAKEWOOD State: CO Zip: 80227
 6. Contact Name: MURRAY J. HERRING Phone: (303)727-9915 Fax: (303)727-9925
 Email: TOPOPRTNG@AOL.COM
 7. Well Name: MAY-JON Well Number: 23-5D-3
 8. Unit Name (if appl): _____ Unit Number: _____
 9. Proposed Total Measured Depth: 8293

WELL LOCATION INFORMATION

10. QtrQtr: SWSW Sec: 5 Twp: 2N Rng: 68W Meridian: 6
 Latitude: 40.161880 Longitude: -105.034440
 Footage at Surface: 482 FNL/FSL FSL 620 FEL/FWL FWL
 11. Field Name: WATTENBERG Field Number: 90750
 12. Ground Elevation: 4930 13. County: WELD

14. GPS Data:

Date of Measurement: 04/04/2008 PDOP Reading: 6.0 Instrument Operator's Name: BILL ADIST

15. If well is Directional Horizontal (highly deviated) **submit deviated drilling plan.**

Footage at Top of Prod Zone: FNL/FSL 2141 FSL 2154 FWL 1996 FEL/FWL 2065 FWL
 Sec: 5 Twp: 2N Rng: 68W Sec: 5 Twp: 2N Rng: 68W

16. Is location in a high density area? (Rule 603b)? Yes No

17. Distance to the nearest building, public road, above ground utility or railroad: 418

18. Distance to nearest property line: 42 19. Distance to nearest well permitted/completed in the same formation: _____

20. LEASE, SPACING AND POOLING INFORMATION

Objective Formation(s)	Formation Code	Spacing Order Number(s)	Unit Acreage Assigned to Well	Unit Configuration (N/2, SE/4, etc.)
CODELL	CODL	407-87	80	N/2 SW/4 S5
NIOBRARA	NBRR	407-87	80	N2 SW/4 S5

21. Mineral Ownership: Fee State Federal Indian Lease #: _____

22. Surface Ownership: Fee State Federal Indian

23. Is the Surface Owner also the Mineral Owner? Yes No Surface Surety ID#: _____

23a. If 23 is Yes: Is the Surface Owner(s) signature on the lease? Yes No

23b. If 23 is No Surface Owners Agreement Attached or \$25,000 Blanket Surface Bon \$2,000 Surface Bond \$5,000 Surface Bond

24. Using standard QtrQtr, Sec, Twp, Rng format enter entire mineral lease description upon which this proposed wellsite is located (attach separate sheet/map if you prefer):
 SW SEC 5 T2N R68W 6TH PM

25. Distance to Nearest Mineral Lease Line: 482 26. Total Acres in Lease: 160

DRILLING PLANS AND PROCEDURES

27. Is H2S anticipated? Yes No If Yes, attach contingency plan.

28. Will salt sections be encountered during drilling? Yes No

29. Will salt (>15,000 ppm TDS CL) or oil based muds be used during drilling? Yes No

30. If questions 27 or 28 are yes, is this location in a sensitive area (Rule 903)? Yes No **If 28, 29, or 30 are "Yes" a pit permit may be required.**

31. Mud disposal: Offsite Onsite

Method: Land Farming Land Spreading Disposal Facility Other: _____

Note: The use of an earthen pit for Recompletion fluids requires a pit permit (Rule 905b). If air/gas drilling, notify local fire officials.

Casing Type	Size of Hole	Size of Casing	Weight Per Foot	Setting Depth	Sacks Cement	Cement Bottom	Cement Top
SURF	12+1/4	8+5/8	24	1,031	730	1,031	0
1ST	7+7/8	4+1/2	11.6	8,262	200	8,262	3,246

32. BOP Equipment Type: Annular Preventer Double Ram Rotating Head None

33. Comments HOLES DRILLED 06/08

34. Location ID: _____

35. Is this application in a Comprehensive Drilling Plan ? Yes No

36. Is this application part of submitted Oil and Gas Location Assessment ? Yes No

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: MURRAY J. HERRING

Title: VICE PRESIDENT Date: _____ Email: TOPOPRTNG@AOL.COM

Based on the information provided herein, this Application for Permit-to-Drill complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

API NUMBER 05 123 26697 00	Permit Number: _____ Expiration Date: _____
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CONDITIONS OF APPROVAL, IF ANY: _____

Attachment Check List

Att Doc Num	Name	Doc Description
1692322	APD ORIG & 1 COPY	LF@2160849 1692322

Total Attach: 1 Files